

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Nelson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	mnelson@westelsystems.com
Form Type		54.313 and 54.422

(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	371563
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<210> For the prior calendar year, were there any reportable voice service outages? No

[illegible]

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<300> Unfulfilled service request (voice)	0
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<310> Detail on attempts (voice)	Name of Attached Document
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<320> Unfulfilled service request (broadband)	0
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<330> Detail on attempts (broadband)	Name of Attached Document
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(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<030>	Contact Name - Person USAC should contact regarding this data	Mike Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westel systems.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	371563
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<030>	Contact Name - Person USAC should contact regarding this data	Mike Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westeleysystems.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		371563ne510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelaysystems.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	371563ne610.pdf

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<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mmelson@westelsystems.com
<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

-- See attached worksheet

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

-- See attached worksheet --

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	371563
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com
<810>	Reporting Carrier	Hooper Telephone Company
<811>	Holding Company	West Iowa Telephone Company
<812>	Operating Company	Hooper Telephone Company

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Mike Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext .
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mmnelson@westelsystems.com

<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	371563ne1010.pdf <hr/> Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	371563ne1030.pdf <hr/> Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371563
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<030>	Contact Name - Person USAC should contact regarding this data	Mike Nelson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	371563
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	371563
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<030> Contact Name - Person USAC should contact regarding this data	Mike Nelson
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<039> Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<input style="width: 100px; height: 20px;" type="text"/>	
<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 190px; height: 60px;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	<input style="width: 190px; height: 60px;" type="text"/>
<2025A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	
<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	<input style="width: 190px; height: 60px;" type="text"/>
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		<input style="width: 100px; height: 20px;" type="text"/>

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371563
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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)		Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)		Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Yes - Attach Certification	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text" value="371563ne3010.pdf"/>		
(3012A)		Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>		
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/>	<input type="radio"/>	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/>	<input checked="" type="radio"/>	
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:					
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>		
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input checked="" type="radio"/>	<input type="radio"/>	
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:					
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input checked="" type="checkbox"/>		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>		
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>		
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:					
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>		
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>		
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>		
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text" value="371563ne3026.pdf"/>		

REDACTED – FOR PUBLIC INSPECTION

LINES 3027-3034

LINES REDACTED IN ENTIRETY

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelaysystems.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>BKD LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>BKD LLP</u>
Name of Reporting Carrier:	<u>HOOPER TEL CO</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/22/2017</u>
Printed name of Authorized Officer:	<u>Robert Gannon</u>
Title or position of Authorized Officer:	<u>Chief Executive Officer</u>
Telephone number of Authorized Officer:	<u>7127865572 ext.</u>
Study Area Code of Reporting Carrier:	<u>371563</u> Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>HOOPER TEL CO</u>
Name of Authorized Agent Firm:	<u>BKD LLP</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/21/2017</u>
Name of Authorized Agent Employee:	<u>BKD LLP</u>
Title or position of Authorized Agent or Employee of Agent	<u>Sr. Managing Consultant</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>6086649110 ext.</u>
Study Area Code of Reporting Carrier:	<u>371563</u> Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481 – Line 510 – Service Quality Standards & Consumer Protection Rules

SAC: 371563
State: Nebraska
Name: Hooper Telephone Company

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable voice & broadband service quality standards and consumer protection rules.

Hooper Telephone Company complies with consumer protection requirements applicable to voice and broadband services including those in 47 U.S.C. § 222 protecting the privacy of customer information, and 47 U.S.C. §§ 64.2001-2011 protecting Customer Proprietary Network Information.

Hooper Telephone Company also certifies it complies with the Nebraska Public Service Commission (NPSC) chapters in the Nebraska Administrative Code, *Title 291 – NPSC, Chapter 5, Telecommunications Rules and Regulations – §§ 002.01 through 002.52* which set forth regulations applicable to the Company's local service offerings. The company's current and previous year compliance includes, but is not limited to, requirements necessary to meet Adequacy of service, handling of customer disputes and complaints, prompt and accurate customer billing, rules governing credits and deposits, and proper procedures for noticing customers.

Hooper Telephone Company also certifies it is complies with *NPSC, Chapter 5, Telecommunications Rules and Regulations – §§ 004.01 through 004.12* which set forth regulations regarding subscriber complaints of slamming and unauthorized charges. The Company is also in compliance with these NPSC standards.

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Situation

SAC: 371563
State: Nebraska
Name: Hooper Telephone Company

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

The Nebraska Administrative Code, *Title 291 – Nebraska Public Service Commission, NPSC Chapter 5, § 009.04A6* indicates that a carrier will certify it is able to function in emergency situations as set forth in FCC 47 C.F.R. 54.202(a)(2).

The NPSC's regulations related to functioning in emergency situations are set forth in *NPSC Title 291, Chapter 5, § 002.05 Emergency Operations and Power*. The company complies with:

§ 002.05A Each exchange carrier shall make reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in local calls or similar emergencies and each exchange carrier shall inform its employees as to procedures to be followed in the event of emergency in order to prevent or mitigate interruption or impairment of access line service.

§ 002.05B It is essential that all central offices have reasonably adequate provisions for emergency power. For offices without permanently installed emergency power facilities, there shall be a mobile power unit available which can be delivered on reasonably short notice and which can be readily connected.

§ 002.05C Each central office shall contain, as a minimum, three (3) hours of battery reserve.

The company has maintained reasonably adequate provisions for emergency power in response to emergency situations, and has performed regular tests of its back-up power generation capabilities.

Designated employees are informed as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications and data services, including rerouting of traffic around damaged facilities and the deployment of emergency power.

Hooper Telephone Company certifies it has complied with, and will continue to comply with these requirements to assure its continuing provision of voice and data services.

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**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<701> Residential Local Service Charge Effective Date

1/1/2017

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

[illegible]

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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Mike Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<810>	Reporting Carrier	Hooper Telephone Company
<811>	Holding Company	West Iowa Telephone Company
<812>	Operating Company	Hooper Telephone Company

[illegible]

FCC Form 481, Line 1010: Voice Services Rate Comparability

The company certifies the pricing of voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The company's pricing of fixed voice service, reported on line 703 of this filing, is below the current reasonable comparability benchmark for voice service (\$49.51), as published by the Wireline Competition Bureau, in FCC DA 17-167, released February 14, 2017.

FCC Form 481, Line 1030: Broadband Comparability Compliance

The company certifies it offers a service meeting the Commission's broadband public interest obligations, that is priced no higher than the applicable benchmark announced annually in a public notice issued by the Wireline Competition Bureau (FCC DA 17-167, released February 14, 2017), or is no higher than the non-promotional price charged for a comparable fixed wireline service in urban areas in the states or U.S. Territories where the eligible telecommunications carrier receives support.

SECTION 2. RULES AND REGULATIONS

2.1 Establishment of Service

2.1.4 Nebraska Telephone Assistance Program (NTAP)

A. The Nebraska Telephone Assistance Program (NTAP) is part of a national program (called Lifeline) designed to promote universal service for low-income households.

B. NTAP provides for qualifying low-income consumers to pay reduced monthly charges. NTAP monthly service reductions include:

- 1) Federal Lifeline Support Credit of \$9.25.
The \$9.25 credit can be applied when the Lifeline customer has: (a) a standalone voice service, (b) a voice service in combination with a broadband internet access service (BIAS), or (c) a standalone BIAS service.
- 2) A monthly reduction in the amount of \$3.50 from the Nebraska Universal Service Fund. The \$3.50 can be applied when a standalone voice service is offered or when voice service is offered in combination with a broadband internet access service (BIAS).

(C)
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(C)

C. The following eligibility requirements apply:

A consumer's household income must be at or below 135 per cent of the Federal Poverty Guidelines; or

The consumer, one or more of the consumer's dependents, or the consumer's household must receive benefits from one of the following federal assistance programs:

- 1) Medicaid, (includes Children's Health Insurance Programs - SAM, MAC, E-MAC & Kids Connection).
- 2) Supplemental Nutrition Assistance Program (SNAP),
- 3) Supplemental Security Income (SSI),
- 4) Federal Public Housing Assistance, or
- 5) Veterans Pension/Survivors Pension.

(C)
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(C)

SECTION 2. RULES AND REGULATIONS

2.1 Establishment of Service

2.1.4 Nebraska Telephone Assistance Program (NTAP)

- D. NTAP services include: (C)
- 1) voice grade access to the public switched network
 - 2) local usage at no additional charge
 - 3) access to emergency services
 - 4) toll limitation services (C)

E. Toll limitation service, in the form of toll blocking, is offered to qualifying consumers at no charge.

F. No service deposit will be collected in order to initiate NTAP service, if the qualifying low-income consumer voluntarily elects toll blocking. If the qualifying low-income consumer does not voluntarily elect toll blocking, a service deposit may apply.

G. An NTAP customer's local service will not be disconnected for non-payment of toll charges; however, an NTAP customer's toll service may be disconnected for non-payment of toll charges.

H. An NTAP customer's local service will not be disconnected for non-payment of local service charges until sixty (60) days after all NTAP credits due for a particular billing period have been fully applied to any billed amounts for that particular billing period.

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NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP)/LIFELINE
APPLICATION AND CERTIFICATION FORM

3-2017

(If you live on Tribal land, **DO NOT** use this application. Contact your local company for a Tribal land discount.)

For eligible Nebraskans, this program, administered by the Nebraska Public Service Commission, reduces the cost of service by up to \$12.75 per month or provides minutes to an eligible cellular service. Some companies are not eligible to participate in this program. If you are unsure of your companies' participation, please see the enclosed list.

APPLICANT INSTRUCTIONS: PLEASE PRINT CLEARLY. Read this application completely **(Fronts and Backs)**. In order to be approved for assistance you must complete and sign this application. ALL AREAS NEED TO BE COMPLETED. Provide all documents requested, sign this application and return it to the NTAP department at: **PO Box 94927, Lincoln, NE 68509. Completion of this application does not guarantee approval. After your application is reviewed; further documents may be required.**

Have Questions: Call 1-800-526-0017 or in Lincoln, 402-471-3101

United States Citizenship Attestation: For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows (Please select one):

☐ I am a citizen of the United States

----OR----

☐ I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number are as follows: My alien number is: _____ and I agree to provide a copy of my USCIS documentation upon request.

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

Please list requested information for applicant and all members of your household below.

First Name	MI	Last Name	Complete Social Security Number	Date of Birth (Month/Day/Year)

******PLEASE NOTE: THIS APPLICATION IS PRINTED FRONT AND BACK. REMEMBER TO DOUBLE CHECK EACH SIDE TO MAKE SURE YOUR APPLICATION IS COMPLETE******

Nebraska Telephone Assistance Program (NTAP) Applicant Information-Please Print

Applicant Name: Last _____ First _____ MI _____

Last 4 digits of Applicant's Social Security Number: _____ Applicant's Date of Birth: ____/____/____

Complete Street Address of where you live (This cannot be a PO Box and must be the address listed or will be listed with your company):

Street Address: _____ Apt-Room-Lot Number: _____

City: _____ State: _____ Zip Code: _____

Please check one: Is the address listed above: ☐ Temporary ☐ Permanent

Mailing Address: **ONLY** if different from the address you listed above. This can be a PO Box.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

How many people live in your household, including applicant _____ (this needs to be a number greater than zero).

Please read definition of household above. Household does not include others living at apartment complex, nursing home or assisted living building, only those at your specific address.

Is there more than one household at the address you listed above? Check ☐ NO or ☐ YES

Account INFORMATION *PLEASE NOTE***** Not all companies participate with NTAP or provide NTAP in all coverage areas. For participating companies please see list, if included, or contact the NTAP department.

*****NOT ALL ACCOUNTS QUALIFY*****

If you are choosing a phone company from the list that provides a cell phone and minutes per month instead of a discount, you will need to contact the company you wish to have service with. Then do the following:

1. Set up your account with them and obtain your reserved phone number.
2. Complete information requested below.

Name of My Company: _____

My Phone Number is: (____) _____

Customer Name on Account/ Bill: _____

****Please Note: the account must be in or contain the applicant's name**

OR mark that you do not currently have service

____ I do not currently have service

ELIGIBILITY REQUIREMENTS: ELIGIBLE PROGRAMS-Mark the box next to which program(s) you currently receive or if you qualify based on income. If requested please send documentation showing your current participation. See section below for income guidelines. You do not have to meet both program and income guidelines to be eligible. **YOU ONLY NEED TO BE RECEIVING ONE ELIGIBLE PROGRAM**

- ☐ Medicaid-**No Proof Needed, unless NTAP is unable to verify**
- ☐ Supplemental Nutrition Assistance Program (SNAP)-**No Proof Needed, unless NTAP is unable to verify**
- ☐ Children's Health Insurance (CHIP)-**No Proof Needed, unless NTAP is unable to verify**
- ☐ Federal Public Housing-**See section below titled "Housing Authority Personnel Please Note"**
- ☐ Supplemental Security Income (SSI) -**Current award letter from Social Security Administration**
- ☐ Veterans Pension Benefit/Survivors Pension Benefit-**Pension grant, cost of living adjustment(COLA), or Survivors benefit summary letters-NOT Retirement benefits**
- ☐ My household income is at or below 135% of the poverty level-**See below**

NTAP ELIGIBILITY BASED ON INCOME GUIDELINES: Income is all income received by all members of a household. This includes, but is not limited to: salary before deductions of taxes, public assistance benefits, social security payments, pensions, lottery winnings unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, workers' compensation benefits, and gifts.

Household Size	1	2	3	4	For each add'l person
Income at or below	\$16,281	\$21,924	\$27,567	\$33,210	Add \$5,643

If qualifying under income you must provide copies of documentation to show that your annual income is at or below 135% of the poverty level. Below is a list of documents accepted to show proof of income. When submitting documentation, please do not submit a document that is over 1 calendar year old. If possible, please send a copy of the documents you are submitting. Submitted documents will not be returned.

Salaries, Wages, Tips, Commissions, etc.: Three consecutive months of paystubs, your most recent W2 forms or last year's income tax form. If you are self-employed; send a copy of your recent income tax form.

Retirement, Social Security or Pensions: Copies of your award notice or statement of benefits letter.

Workers' Compensation, Unemployment or Disability: Copy of the letter you received from Workers' Compensation, letter from State employment office, check stubs or your award letter from the Social Security Office.

Veterans Pension Benefit/Survivors Pension Benefit: Copy of your pension grant letter, Cost of Living Adjustment (COLA) letter or Survivors benefit summary letter.

Child Support or Alimony: Copy of checks received, court decree or legal agreement.

Other: Any award letters or benefit statements of other income received.

PROOF OF FEDERAL HOUSING DOCUMENT:

If you are receiving Federal Housing Assistance, please have your local Housing Authority Personnel complete this section below.

HOUSING AUTHORITY PERSONNEL PLEASE NOTE: NOT TO BE COMPLETED BY APPLICANT

Housing Authority Personnel you are completing this document as verification that the person below is receiving Federal Housing Assistance (HUD, Section 8 or USDA Rural Development). Please complete all the information below. Must be original Housing Authority Personnel Signature.

Tenant Name: _____

Printed Name of Authorized Housing Authority Personnel: _____

Housing Authority Personnel Title: _____

Telephone Number () _____

Housing Authority Address:

Street: _____

City: _____ **State:** _____ **Zip:** _____

AGENCIES hereby "certify" that their office is directly involved with administering the program(s) or has access to the records of the office that does administer the program(s), and the applicant is currently on these program(s).

Housing Authority Personnel Authorized Signature: _____

CERTIFICATION STATEMENTS: Each of the statements **MUST** be **INITIALED** in order to receive assistance. By reading and marking each statement I Certify Under Penalty of Perjury and understand that failure to comply with the statements below will result in removal of credits provided on my account, loss of minutes or termination of your service.

Initial _____: I understand that I will not be able to transfer my NTAP benefit to another provider for 60 days if I have voice service, or 12 months if I have broadband service unless, I move, my provider is no longer in service, my provider fails to provide service, my provider has imposed late fees for non-payment on the service greater than or equal to the monthly charge for service or my provider is found in violation of Commission rules for the benefit year and I am impacted by the violation. I agree to complete a new application, notify my provider and NTAP within 30 days of moving.

Initial _____: I understand completion of this application does not constitute immediate acceptance into this program.

Initial _____: I understand that I will be required to recertify my information and provide proof of participation in one of the programs listed in the eligibility section of this application or provide proof that my income is currently at or below 135% of the poverty level at any time. I understand that failure to recertify my information and/or provide proof of current participation in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level will result in being de-enrolled (having the credit removed from my account or termination of service) from the program.

Initial _____: I understand that NTAP is a non-transferable benefit and that I may not transfer this benefit to any other person.

Initial _____: I understand that NTAP is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment (credit being removed or termination of service) or being barred from the program.

Initial _____: I understand that at any time I may be requested to re-certify my continued eligibility and that if I fail to re-certify it will result in me being de-enrolled (credit removed from my account or termination of service) from the program.

Initial _____: I understand that if I am receiving more than one NTAP credit or if for any reason I no longer satisfy the criteria outlined in this application to receive NTAP support I will notify my company and NTAP within 30 days and that failure to abide by this requirement may result in penalties or being de-enrolled (credit removed from my account or termination of service) from the program.

Initial _____: I understand that there can only be one supported line per household, I have read the definition of household provided above and I understand that if I violate the one supported line per household rule it violates the FCC's rules, I will be de-enrolled (credit removed from my account or termination of service) from the program and this violation could result in criminal prosecution by the U.S. Government.

Initial _____: I will notify my provider and NTAP within 30 days if my household is receiving more than one NTAP benefit or if at the time that I am applying for NTAP assistance another person in my household is already receiving assistance from the program. I understand that failure to follow this requirement may result in penalties or being de-enrolled (credit removed from my account or termination of service).

Initial _____: I agree to notify NTAP within 30 days of changing my phone number.

Initial _____: I agree to notify NTAP and complete a new application requesting assistance if I decide to change my provider.

Initial _____: I understand that if I am completing this application due to a change of providers, it will not result in more than one NTAP supported account in my household or I understand that in the future if I change providers, this change cannot result in more than one NTAP supported account in my household.

Initial _____: I currently participate in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level and I have provided proof of participation or proof of income if required to do so.

Initial _____: I understand it is my responsibility to notify NTAP and my provider within 30 days after I no longer participate in at least one of the qualifying programs or that my income is no longer at or below 135% of the poverty level and that failure to abide by this requirement may result in penalties or being de-enrolled (credit removed from my account or termination of service).

I hereby certify that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I further certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program. By signing this application, I hereby give consent to release my information provided in this application to the administrator of the Lifeline Program-Universal Service Administrative Company and I understand that the information released will be kept confidential.

Applicant Signature: _____ *Date:* _____

****POA Signature:** _____ **Date:** _____

*** If an authorized representative is signing the application, a copy of the Durable Power Of Attorney or Guardianship document must be included**

FCC Form 481, Line 3010b: Certification of Public Interest Obligations

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 10Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

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ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY